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APPLICANTS

Staci J. Beuk, Bethlehem, NJ;

** CONTINUING DATA *none*** FOREIGN APPLICATIONS *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>[Signature]</i>	Initials	6	20	3

ADDRESS

Kenneth P. Glynn, Esq.
 Glynn & Associates, P.C.
 24 Mine Street
 Flemington, NJ
 08822

TITLE

INTRUSIVE DEVICE-SUPPORTING APPAREL

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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